

# Policies and Procedures for In-Training Evaluation of Resident

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**This policy and procedure was approved by the Board of Trustee of Kuwait  
Institute for Medical Specialization (KIMS)**

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## **Introduction**

The policies and procedures for In-Training Evaluation of Resident is a detailed manual outline the position of Kuwait Institute for Medical Specialization in regards to resident evaluation during structured training program that it supervises.

The purpose of this policy and procedure manual is to:

1. Provide *minimum requirement* for the evaluation practices throughout the postgraduate medical education programs at KIMS
2. Ensure *consistent* evaluation practices among postgraduate medical education programs KIMS mission.

The following outline a summery of the policy:

- Each resident registered in a specialty and subspecialty-training program will be evaluated using a generic *In-Training Evaluation Form* at the end of the rotation.
- The evaluation is based on *CanMEDS competencies* and the Objectives of the Rotation provided to the resident upon joining the training program and/or beginning of the designated rotation.
- *The resident* will be given a copy of the evaluation form at the beginning of each rotation to hand to the clinical tutor.
- The *clinical tutor* should complete the evaluation form and discuss the evaluation with the resident.
- The clinical tutor should hand the completed signed evaluation form to *the site coordinator* who is in turn sends the evaluation form to the program director.
- *The program director* should provide a feedback to each resident about his performance regularly.
- The program director should prepare *In-Training Evaluation Report* for each resident Annually based on the evaluation forms.

The In-training Evaluation Form is a property of KIMS and completed forms will be kept in secure until the ITER report is generated. The ITER will be kept until the Final In-Training Evaluation Report (FITER) is generated. The FITER will be kept for 5 years after the resident complete the training program.

For further information regarding this policy and procedure please contact:

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## Section 1: General Information

*In-training evaluation* of resident at KIMS is a *continuous process* by which the resident is monitored to ensure that he/she achieved targeted objectives of the rotation and overall training program goals.

*In-training evaluation* consists of direct observation of resident at clinical rotation by clinical tutors and site supervisors using generic *In-training Evaluation Form* as an assessment tool. The tool is based on CanMEDS competencies of medical expert, communicator, collaborator, scholar, manager, health advocate and professional. In addition, the evaluation includes *In-training Examination* biannually or annually. This consists of written and practical component.

In-training evaluation is used to provide an objective feedback to the resident performance as well it is utilized toward the Final In-training Report (FITER), which is a pre-requisite toward the certifying examination.

### 1.1. Definitions

**Resident:** A physician enrolled in a training program recognized by KIMS and registered at the Office of Training and Examination at KIMS for the training year.

**CanMEDS:** a Physician Competency Framework describes the knowledge, skills and abilities that specialist physicians need for better patient outcomes. The framework is based on the seven roles that all physicians need to have, to be better doctors: Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional.

**Remediation:** is an individualized learning opportunity designed to allow a resident to correct an identified weakness.

### 1.2. Objective of In-Training Evaluation

The main objectives of the In-Training Evaluation are to:

- 1.2.1. Measure the resident progress through the training using standardized tool.
- 1.2.2. Identify are of strength and area of improvement for each resident in accordance with level of training to help to achieve objective of training.
- 1.2.3. Identify resident with difficulties and the specific area of weakness.
- 1.2.4. Measure program ability to achieved targeted goals and objective of training.
- 1.2.5. Provide longitudinal data about resident performance toward his/her Final In-Training Evaluation Report (FITER).

### 1.3. Component of In-Training Evaluation

Evaluation must:

- Meet the specific requirements of the program
- Be compatible with the characteristic being assessed
- Be based on the goals and objectives of the program

- Clearly identify the methods by which residents are to be evaluated
- Identify the level of performance expected

The In-Training Evaluation consists of:

- 1.3.1. In-Training Evaluation Report based on end of rotation evaluations during the year of training
- 1.3.2. In-Training Evaluation Examination conducted by the training program either once or twice per year

## **Section 2: KIMS Policy & Procedure on In-training Evaluation of Resident**

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### **The Policy**

- It is the program director responsibility to ensure that all resident in the program are evaluation no longer than 2 weeks (14 days) from the last day of the rotation.
- The program director must ensure that all resident have the objective of each rotation prior to joining the rotation.
- The program director must ensure that all clinical tutor and site supervisor have the objective of the rotation.
- It is the clinical tutor responsibility to discuss with the resident verbally at the mid-rotation using the provided form.
- It is the resident responsibility to ensure that he/she receives written evaluation at the end of the rotation using the provided form and no longer that 2 weeks (14 days) after finishing the rotation.
- It is the clinical tutor responsibility to complete the provide form and discuss the evaluation with the resident.
- Both the clinical tutor and the resident must signed and date the evaluation form.
- It is the site supervisor responsibility to collect all completed evaluation forms and send them to the program director.
- The program director must provide face-to-face feedback to the resident based on the completed evaluation form at least twice yearly.
- Unsatisfactory completion of two rotations or more in one year requires activation of the remediation policy by the program director within 4 weeks (28 days) of receiving the evaluations.
- A rotation where the summative assessment of resident performance is unsatisfactory will be deemed an unsatisfactory rotation. In addition, a resident may be deemed to have failed to meet the criteria for a rotation with any of the following:
  1. An unsatisfactory evaluation in any domain of the rotational In-Training Evaluation report (ITER).
  2. Documentation that a resident, regardless of their clinical performance during the rotation, has not satisfied accepted standards of ethical and professional behavior

### **The Procedure**

1. Provide the resident, site supervisor, clinical tutors of the objective of rotation and the evaluation form at the beginning of the rotation.
2. At mid-rotation (e.g. *2 weeks of 4 week-rotation*), the clinical tutor will provide a verbal feedback on resident performance based on the objective of the rotation and evaluation form.
3. At the end of the rotation and no longer than 2 weeks (14 days), the clinical tutor will provide a written evaluation based of the objective of the rotation and evaluation form.
4. Both the clinical tutor and the resident will sign and date the evaluation form.
5. The clinical tutor will hand the evaluation form to the site coordinator.
6. The site coordinator will hand the evaluation for to the program director no longer than 2 weeks (14 days) to the program director.
7. The program director will keep all resident evaluation in secure place.
8. If the resident had two unsatisfactory rotations, follow the remediation policy.
9. The program director will provide the resident with a verbal feedback to the resident twice per year.
- 10 . The program director will prepare In-Training Evaluation Report based on evaluations of the rotation with/without In-Training Examination annually.
- 11 . When a resident has fully met the expectations for the level of training for all rotations during the year and has successfully met the program-specific criteria for that year, he/she will be promoted to the next academic level in the same program.
- 12 . An overall score of 3 (meet expectation) and higher (4 above expectation, 5 exceed expectation) is considered a successful completion of rotation.
- 13 . An overall score of 1 (unsatisfactory) or 2 (below expectation) is considered unsuccessful completion of rotation. A specific reason(s) has to be documented by the clinical tutor if such score is noted.
- 14 . If more than 2 areas competencies are scored 1 or 2 in respective of the overall score, remediation needs to be implemented.

## **Section 4: KIMS policy & procedure on remediation**

*Remediation* will be implemented for *any of the following reasons*:

1. If a resident receives *two unsatisfactory* or borderline evaluations in two rotations in one academic year.
2. Upon recommendation of the Postgraduate Training Committee and/or the Program Director for any of the following reasons:
  - *Academic progress* which is borderline or unsatisfactory
  - Any serious issue in relation to *lack of professionalism*
  - Substantial *absence* from the program

### **Procedure**

When a resident receives an unsatisfactory evaluation, the process for dealing with an unsatisfactory evaluation will be put into effect.

1. Appropriate documentation regarding the evaluation review will be placed in the confidential resident file.
2. When remediation is required, the remedial program will be developed by the *Program Director*, and the resident in consultation with other individuals as required.
3. The remedial program outline must be provided to the resident in writing and must include:
  - Identified areas to be remediated including specific problems or areas of weakness identified
  - Detailed outline of the remedial program
  - Expected action needed to successfully complete a remediation program
  - Expected outcomes of remediation
  - Time frame for the remedial program
  - Criteria and evaluation process used for determining that the deficiency has been corrected consequences of an unsatisfactory remedial program.
4. The remedial program must be approved by the Postgraduate Medical Training Committee.
5. The remedial program may include repeating rotations or program-specific requirements.
6. Remediation **MUST** be instituted when a resident is on probation, but **MAY** also occur at other times during training.
7. The resident must comply with the remedial plan. Failure to comply will result in an unsuccessful remediation period and implementation of probation.
8. In the event of unsuccessful remediation, the resident will be required to

undergo a period of probation.

9. Two remediation periods in a twelve-month time frame, regardless of whether the first has been successful, will result in a period of probation.
10. Notification must be provided Training Office when a remedial program is implemented for a resident. Prior approval must be obtained from the Secretary General for any proposed extension of training.
11. Elective rotation block(s) may only be used for remediation with the approval of the Program Director.
12. During a remedial rotation, any leaves of absence and all holiday requests must be approved by the Program Director.
13. The remedial program may or may not count towards the duration of training required for certification by the Postgraduate Medical Training Committee.
14. Postgraduate Medical Training Committee will review the evaluations from the remedial program and make a recommendation to the Program Director regarding the need for extension of training. Prior approval must be obtained from the Secretary General for any proposed extension of training.

## Appendix A: **CanMEDS Competencies Framework**

### **Medical Expert**

#### **Definition**

As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centred care. Medical Expert is the central physician Role in the CanMEDS framework.

#### **Description**

Physicians possess a defined body of knowledge, clinical skills, procedural skills and professional attitudes, which are directed to effective patient-centred care. They apply these competencies to collect and interpret information, make appropriate clinical decisions, and carry out diagnostic and therapeutic interventions. They do so within the boundaries of their discipline, personal expertise, the healthcare setting and the patient's preferences and context. Their care is characterized by up-to-date, ethical, and resource efficient clinical practice as well as with effective communication in partnership with patients, other health care providers and the community. The Role of Medical Expert is central to the function of physicians and draws on the competencies included in the Roles of Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional.

#### **Key Competencies**

Physicians are able to...

1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care;
2. Establish and maintain clinical knowledge, skills and attitudes appropriate to their practice;
3. Perform a complete and appropriate assessment of a patient;
4. Use preventive and therapeutic interventions effectively;
5. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic;
6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise.

#### **Enabling Competencies**

Physicians are able to...

1. **Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care**
  - 1.1. Effectively perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional
  - 1.2. Demonstrate effective use of all CanMEDS competencies relevant to their practice
  - 1.3. Identify and appropriately respond to relevant ethical issues arising in patient care CanMEDS 2005 Framework
  - 1.4. Effectively and appropriately prioritize professional duties when faced

with multiple patients and problems

- 1.5. Demonstrate compassionate and patient-centred care
  - 1.6. Recognize and respond to the ethical dimensions in medical decision-making
  - 1.7. Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed
- 2. Establish and maintain clinical knowledge, skills and attitudes appropriate to their practice**
- 2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to the physician's specialty
  - 2.2. Describe the Royal College framework of competencies relevant to the physician's specialty
  - 2.3. Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence
  - 2.4. Contribute to the enhancement of quality care and patient safety in their practice, integrating the available best evidence and best practices
- 3. Perform a complete and appropriate assessment of a patient**
- 3.1. Effectively identify and explore issues to be addressed in a patient encounter, including the patient's context and preferences
  - 3.2. For the purposes of prevention and health promotion, diagnosis and/or management, elicit a history that is relevant, concise and accurate to context and preferences
  - 3.3. For the purposes of prevention and health promotion, diagnosis and/or management, perform a focused physical examination that is relevant and accurate
  - 3.4. Select medically appropriate investigative methods in a resource-effective and ethical manner
  - 3.5. Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans
- 4. Use preventive and therapeutic interventions effectively**
- 4.1. Implement an effective management plan in collaboration with a patient and their family
  - 4.2. Demonstrate effective, appropriate, and timely application of preventive

and therapeutic interventions relevant to the physician's practice

4.3. Ensure appropriate informed consent is obtained for therapies

4.4. Ensure patients receive appropriate end-of-life care

**5. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic**

5.1. Demonstrate effective, appropriate, and timely performance of diagnostic procedures relevant to their practice

5.2. Demonstrate effective, appropriate, and timely performance of therapeutic procedures relevant to their practice

5.3. Ensure appropriate informed consent is obtained for procedures

5.4. Appropriately document and disseminate information related to procedures performed and their outcomes

5.5. Ensure adequate follow-up is arranged for procedures performed

**Seek appropriate consultation from other health professionals, recognizing the limits of their expertise**

6.1. Demonstrate insight into their own limitations of expertise via self-assessment

6.2. Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care

6.3. Arrange appropriate follow-up care services for a patient and their family

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**Communicator**

**Definition**

As Communicators, physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

**Description**

Physicians enable patient-centred therapeutic communication through shared decision-making and effective dynamic interactions with patients, families, caregivers, other professionals, and important other individuals. The competencies of this Role are essential for establishing rapport and trust, formulating a diagnosis, delivering information, striving for mutual understanding, and facilitating a shared plan of care. Poor communication can lead to undesired outcomes, and effective communication is critical for optimal patient outcomes. The application of these communication competencies and the nature of the doctor-patient relationship vary for different specialties and forms of medical practice.

**Key Competencies**

Physicians are able to...

1. Develop rapport, trust and ethical therapeutic relationships with patients and families;
2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals;
3. Accurately convey relevant information and explanations to patients and families, colleagues and other professionals;
4. Develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop a shared plan of care;
5. Convey effective oral and written information about a medical encounter.

### **Enabling Competencies**

Physicians are able to...

1. **Develop rapport, trust, and ethical therapeutic relationships with patients and families**
  - 1.1. Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes
  - 1.2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
  - 1.3. Respect patient confidentiality, privacy and autonomy
  - 1.4. Listen effectively
  - 1.5. Be aware and responsive to nonverbal cues
  - 1.6. Effectively facilitate a structured clinical encounter
2. **Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals**
  - 2.1. Gather information about a disease, but also about a patient's beliefs, concerns, expectations and illness experience
  - 2.2. Seek out and synthesize relevant information from other sources, such as a patient's family, caregivers and other professionals
3. **Accurately convey relevant information and explanations to patients and families, colleagues and other professionals**
  - 3.1. Deliver information to a patient and family, colleagues and other professionals in a humane manner and in such a way that it is understandable, encourages discussion and participation in decision-making
4. **Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care**

- 4.1. Effectively identify and explore problems to be addressed from a patient encounter, including the patient's context, responses, concerns, and preferences
- 4.2. Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making
- 4.3. Encourage discussion, questions, and interaction in the encounter
- 4.4. Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care
- 4.5. Effectively address challenging communication issues such as obtaining informed consent, delivering bad news, and addressing anger, confusion and misunderstanding

## 5. **Convey effective oral and written information about a medical encounter**

- 5.1. Maintain clear, accurate, and appropriate records (e.g., written or electronic) of clinical encounters and plans
  - 5.2. Effectively present verbal reports of clinical encounters and plans
  - 5.3. When appropriate, effectively present medical information to the public or media about a medical issue
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### **Collaborator**

#### **Definition**

As Collaborators, physicians effectively work within a healthcare team to achieve optimal patient care.

#### **Description**

Physicians work in partnership with others who are appropriately involved in the care of individuals or specific groups of patients. This is increasingly important in a modern multi-professional environment, where the goal of patient-centred care is widely shared. Modern healthcare teams not only include a group of professionals working closely together at one site, such as a ward team, but also extended teams with a variety of perspectives and skills, in multiple locations. It is therefore essential for physicians to be able to collaborate effectively with patients, families, and an interprofessional team of expert health professionals for the provision of optimal care, education and scholarship.

#### **Key Competencies**

Physicians are able to...

1. Participate effectively and appropriately in an interprofessional healthcare team;
2. Effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict.

## **Enabling Competencies**

Physicians are able to...

### **1. Participate effectively and appropriately in an interprofessional healthcare team**

- 1.1. Clearly describe their roles and responsibilities to other professionals
- 1.2. Describe the roles and responsibilities of other professionals within the health care team
- 1.3. Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
- 1.4. Work with others to assess, plan, provide and integrate care for individual patients (or groups of patients)
- 1.5. Where appropriate, work with others to assess, plan, provide and review other tasks, such as research problems, educational work, program review or administrative responsibilities
- 1.6. Participate effectively in interprofessional team meetings
- 1.7. Enter into interdependent relationships with other professions for the provision of quality care
- 1.8. Describe the principles of team dynamics
- 1.9. Respect team ethics, including confidentiality, resource allocation and professionalism
- 1.10. Where appropriate, demonstrate leadership in a healthcare team

### **2. Effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict**

- 2.1. Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team
- 2.2. Work with other professionals to prevent conflicts
- 2.3. Employ collaborative negotiation to resolve conflicts
- 2.4. Respect differences, misunderstandings and limitations in other professionals
- 2.5. Recognize one's own differences, misunderstanding and limitations that may contribute to interprofessional tension
- 2.6. Reflect on interprofessional team function

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**Manager**

**Definition**

As Managers, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.

### **Description**

Physicians interact with their work environment as individuals, as members of teams or groups, and as participants in the health system locally, regionally or nationally. The balance in the emphasis among these three levels varies depending on the nature of the specialty, but all specialties have explicitly identified management responsibilities as a core requirement for the practice of medicine in their discipline. Physicians function as Managers in their everyday practice activities involving co-workers, resources and organizational tasks, such as care processes, and policies as well as balancing their personal lives. Thus, physicians require the ability to prioritize, effectively execute tasks collaboratively with colleagues, and make systematic choices when allocating scarce healthcare resources. The CanMEDS Manager Role describes the active engagement of all physicians as integral participants in decision-making in the operation of the healthcare system.

### **Key Competencies**

Physicians are able to...

1. Participate in activities that contribute to the effectiveness of their healthcare organizations and systems;
2. Manage their practice and career effectively;
3. Allocate finite healthcare resources appropriately;
4. Serve in administration and leadership roles, as appropriate.

### **Enabling Competencies**

Physicians are able to...

1. **Participate in activities that contribute to the effectiveness of their healthcare organizations and systems**
  - 1.1. Work collaboratively with others in their organizations
  - 1.2. Participate in systemic quality process evaluation and improvement, such as patient safety initiatives
  - 1.3. Describe the structure and function of the healthcare system as it relates to their specialty, including the roles of physicians
  - 1.4. Describe principles of healthcare financing, including physician remuneration, budgeting and organizational funding
2. **Manage their practice and career effectively**
  - 2.1. Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life
  - 2.2. Manage a practice including finances and human resources
  - 2.3. Implement processes to ensure personal practice improvement
  - 2.4. Employ information technology appropriately for patient care

### 3. **Allocate finite healthcare resources appropriately**

- 3.1. Recognize the importance of just allocation of healthcare resources, balancing effectiveness, efficiency and access with optimal patient care
- 3.2. Apply evidence and management processes for cost-appropriate care

### 4. **Serve in administration and leadership roles, as appropriate**

- 4.1. Chair or participate effectively in committees and meetings
  - 4.2. Lead or implement a change in health care
  - 4.3. Plan relevant elements of health care delivery (e.g., work schedules)
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## **Health Advocate**

### **Definition**

As Health Advocates, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

### **Description**

Physicians recognize their duty and ability to improve the overall health of their patients and the society they serve. Doctors identify advocacy activities as important for the individual patient, for populations of patients and for communities. Individual patients need physicians to assist them in navigating the healthcare system and accessing the appropriate health resources in a timely manner. Communities and societies need physicians' special expertise to identify and collaboratively address broad health issues and the determinants of health. At this level, health advocacy involves efforts to change specific practices or policies on behalf of those served. Framed in this multi-level way, health advocacy is an essential and fundamental component of health promotion. Health advocacy is appropriately expressed both by individual and collective actions of physicians in influencing public health and policy.

### **Key Competencies**

Physicians are able to...

1. Respond to individual patient health needs and issues as part of patient care;
2. Respond to the health needs of the communities that they serve;
3. Identify the determinants of health of the populations that they serve;
4. Promote the health of individual patients, communities and populations.

### **Enabling Competencies**

Physicians are able to...

1. **Respond to individual patient health needs and issues as part of patient care**
  - 1.1. Identify the health needs of an individual patient

- 1.2. Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care
2. **Respond to the health needs of the communities that they serve**
  - 2.1. Describe the practice communities that they serve
  - 2.2. Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately
  - 2.3. Appreciate the possibility of competing interests between the communities served and other populations
3. **Identify the determinants of health for the populations that they serve**
  - 3.1. Identify the determinants of health of the populations, including barriers to access to care and resources
  - 3.2. Identify vulnerable or marginalized populations within those served and respond appropriately
4. **Promote the health of individual patients, communities, and populations**
  - 4.1. Describe an approach to implementing a change in a determinant of health of the populations they serve
  - 4.2. Describe how public policy impacts on the health of the populations served
  - 4.3. Identify points of influence in the healthcare system and its structure
  - 4.4. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
  - 4.5. Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper
  - 4.6. Describe the role of the medical profession in advocating collectively for health and patient safety

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**Scholar****Definition**

As Scholars, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

**Description**

Physicians engage in a lifelong pursuit of mastering their domain of expertise. As learners, they recognize the need to be continually learning and model this for others. Through their scholarly activities, they contribute to the creation, dissemination, application and translation of medical knowledge. As teachers, they facilitate the education of their students, patients, colleagues, and others.

### **Key Competencies**

Physicians are able to...

1. Maintain and enhance professional activities through ongoing learning;
2. Critically evaluate information and its sources, and apply this appropriately to practice decisions;
3. Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others, as appropriate;
4. Contribute to the creation, dissemination, application, and translation of new medical knowledge and practices.

### **Enabling Competencies**

Physicians are able to...

1. **Maintain and enhance professional activities through ongoing learning**
  - 1.1. Describe the principles of maintenance of competence
  - 1.2. Describe the principles and strategies for implementing a personal knowledge management system
  - 1.3. Recognize and reflect learning issues in practice
  - 1.4. Conduct a personal practice audit
  - 1.5. Pose an appropriate learning question
  - 1.6. Access and interpret the relevant evidence
  - 1.7. Integrate new learning into practice
  - 1.8. Evaluate the impact of any change in practice
  - 1.9. Document the learning process
2. **Critically evaluate medical information and its sources, and apply this appropriately to practice decisions**
  - 2.1. Describe the principles of critical appraisal
  - 2.2. Critically appraise retrieved evidence in order to address a clinical question
  - 2.3. Integrate critical appraisal conclusions into clinical care
3. **Facilitate the learning of patients, families, students, residents, other health professionals, the public and others, as appropriate**

- 3.1. Describe principles of learning relevant to medical education
  - 3.2. Collaboratively identify the learning needs and desired learning outcomes of others
  - 3.3. Select effective teaching strategies and content to facilitate others' learning
  - 3.4. Demonstrate an effective lecture or presentation
  - 3.5. Assess and reflect on a teaching encounter
  - 3.6. Provide effective feedback
  - 3.7. Describe the principles of ethics with respect to teaching
4. **Contribute to the development, dissemination, and translation of new knowledge and practices**
- 4.1. Describe the principles of research and scholarly inquiry
  - 4.2. Describe the principles of research ethics
  - 4.3. Pose a scholarly question
  - 4.4. Conduct a systematic search for evidence
  - 4.5. Select and apply appropriate methods to address the question
  - 4.6. Appropriately disseminate the findings of a study

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## **Professional**

### **Definition**

As Professionals, physicians are committed to the health and well being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

### **Description**

Physicians have a unique societal role as professionals who are dedicated to the health and caring of others. Their work requires the mastery of a complex body of knowledge and skills, as well as the art of medicine. As such, the Professional Role is guided by codes of ethics and a commitment to clinical competence, the embracing of appropriate attitudes and behaviors, integrity, altruism, personal well-being, and to the promotion of the public good within their domain. These commitments form the basis of a social contract between a physician and society. Society, in return, grants physicians the privilege of profession-led regulation with the understanding that they are accountable to those served.<sup>1</sup>

### **Key Competencies**

Physicians are able to...

1. Demonstrate a commitment to their patients, profession, and society through ethical practice;
2. Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation;
3. Demonstrate a commitment to physician health and sustainable practice.

### **Enabling Competencies**

Physicians are able to...

1. **Demonstrate a commitment to their patients, profession, and society through ethical practice**
  - 1.1. Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
  - 1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence
  - 1.3. Recognize and appropriately respond to ethical issues encountered in practice
  - 1.4. Appropriately manage conflicts of interest
  - 1.5. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
  - 1.6. Maintain appropriate relations with patients.
2. **Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation**
  - 2.1. Appreciate the professional, legal and ethical codes of practice
  - 2.2. Fulfill the regulatory and legal obligations required of current practice
  - 2.3. Demonstrate accountability to professional regulatory bodies
  - 2.4. Recognize and respond to others' unprofessional behaviors in practice
  - 2.5. Participate in peer review
3. **Demonstrate a commitment to physician health and sustainable practice**
  - 3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice
  - 3.2. Strive to heighten personal and professional awareness and insight
  - 3.3. Recognize other professionals in need and respond appropriately

## Appendix B: In-Training Evaluation Form

Appendix C: (To Be Filled Before “Remediation Letter” Form)

**Request for Mediation**

**Date:**

**FOR:**                    *Resident Name*  
                              *Name of the Training Program*  
                              *Year of Training*

**A. Request of PGTC To**

- Remediation for *period of time*
- Probation for *period of time*
- Remediation and Probation
- Dismissal
- OTHER:

**B. Background**

**Trainee Information**

Dr. *Resident Name* is a currently a *Resident* in the *Year of Training* year of the *Name of the Training Program*

The *Name of the Training Program* is a *duration* training program.

Based on current level of performance, we request that during this period of remediation, Dr. *Resident Name* will be evaluated at the *PG Year of Training* level.

**Remediation Committee Profile**

Outline previous Remediation Committee actions for this trainee:

Not Applicable

Dr. *Resident's Name* was previously considered by the Remediation Committee on \_\_\_\_\_

with the following outcome:

\_\_\_\_\_

## Training Profile

The overview of the training profile is outlined below:

- DATES (e.g. Oct. 20XX-Sept. 20XX)  
Year One: OUTCOMES of training and evaluations
- DATES (e.g. Oct. 20XX-Sept. 20XX)  
Year Two: OUTCOMES of training and evaluations
- DATES (e.g. Oct.20XX-Sept. 20XX)  
Year Three: OUTCOMES of training and evaluations

In the *Name of the Training Program*, a “pass” is 3/5.

### NOTES:

- Append ITERs
- Other relevant evaluations, documents

## C. Plan

### Rationale

- Identify the aspects of the Trainee’s performance or behavior that require remedial attention (i.e. Provide a brief summary in narrative form that outlines the rationale for request.)

### Purpose of Remediation/Probation

- \_\_\_ To provide a period of focused education to enable the resident to meet the *Program Goals & Objectives for PGY* \_\_\_
- \_\_\_ To provide a period of focused education to *detail*
- \_\_\_ To undertake a focused assessment *detail*
- \_\_\_ Other: *detail*

Specifically, the PLAN will focus on meeting the goals and objectives related to:

	Medical Expert		Communicator
	Collaborator		Advocate
	Scholar		Manager
	Professional		

### Details of Remedial Plan

- State the specific duration of remediation period;
- List the assigned rotation (s), training location(s), and length of time/ dates spent at each rotation/location, during remediation period

Specific remedial plan goals, strategies, evaluation/outcome measures are listed in the following table:

Period of Remedial Plan	CanMEDS ROLE	Goals & Objectives	Learning or Teaching Strategy	Evaluation of Achievement

**NOTES:**

- *Comment on who is the supervisor for the remedial plan*
- *Comment on who is/are the mentor(s) during the remediation period (i.e. mentors with non-evaluative role)*
- *Other evaluation of remedial progress*

- Outline *typical week* during remediation period, e.g. noting academic half-day, clinical sessions, coaching sessions, protected reading time, etc.;

Sunday	Monday	Tuesday	Wednesday	Thursday

**Outcome of Remediation**

Upon **successful completion** of the remedial plan:

- Dr. *Resident Name* would begin residency training for PGY\_\_\_
- OR**
- Dr. *Resident Name* would have completed the PGY\_\_\_ residency training

Upon **unsuccessful completion** of the remedial plan

- *Outcome*

**Development of The Plan**

- Plan was reviewed by the Resident on \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_
- The Resident was offered the opportunity to meet about the Plan with the PGTC and *accepted or declined*.
- This Plan was reviewed and approved by PGTC on \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_.

*Signed & Dated*

\_\_\_\_\_  
Program Director,

\_\_\_\_\_  
Date

Appendix D: (To Be Filled After Remediation)

## Report of Remediation

**Date:**

**FOR:**                    *Resident Name*  
                              *Name of the Training Program*  
                              *Year of Training*

### A. Report to PGTC

**UPDATE** *period of time* report for current remedial plan.

### B. Background

#### Trainee Information

Dr. *Resident Name* is a currently a *Resident* in the *Year of Training* year of the *Name of the Training Program*

The *Name of the Training Program* is a *duration* training program.

Based on current level of performance, we request that during this period of remediation, Dr. *Resident Name* will be evaluated at the *PG Year of Training* level.

#### Remediation Committee Profile

Outline previous Remediation Committee actions for this trainee:

Not Applicable

Dr. *Resident's Name* was previously considered by the Remediation Committee on \_\_\_\_\_

with the following outcome:  
\_\_\_\_\_

#### Training Profile

The overview of the training profile is outlined below:

- *DATES (e.g. Oct. 20XX-Sept. 20XX)*  
    *Year One: OUTCOMES of training and evaluations*
- *DATES (e.g. Oct. 20XX-Sept. 20XX)*  
    *Year Two: OUTCOMES of training and evaluations*
- *DATES (e.g. Oct. 20XX-Sept. 20XX)*  
    *Year Three: OUTCOMES of training and evaluations*

## Progress During Remediation

Dr. *Resident's Name* ITERs pertaining to *duration* on remediation are as follows:

Date	Rotation Block	ITER Grading	Comments

### NOTES:

- *Append ITERs, other relevant evaluations, documents*

Updates regarding Dr. *Resident's Name* progress against each area (CanMEDS role) identified in the approved remedial plan are outlined below: *INSERT details from approved remedial plan (table) into the table below. ADD comments on progress & outcomes of completed evaluations*

Period of Remedial Plan	CanMEDS ROLE	Goals & Objectives	Learning or Teaching Strategy	Evaluation of Achievement	PROGRESS	OUTCOME

**NOTES:**

- *INSERT name of supervisor for the remedial plan (as noted in approved remedial plan)*
- *INSERT name of mentor(s) during the remediation period (as noted in approved remedial plan)*
- *INSERT other evaluation of remedial progress (as noted in approved remedial plan)*

*Outline typical week during remediation period, e.g. noting academic half-day, clinical sessions, coaching sessions, protected reading time, etc.;*

Sunday	Monday	Tuesday	Wednesday	Thursday

**Summary of Current Status:**

*Provide a brief narrative summary of this resident's progress with respect to program expectations*

*Comment on projected outcome at the end of this remediation period.*

**Outcome of Remediation:**

*INSERT outcomes of a successful or unsuccessful remediation (i.e. from approved remedial plan)*

**Development of the REPORT:**

This interim remediation report was forwarded to Dr. *Resident's Name* for review on \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_.

The resident met with Program Director, to review progress under remediation \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_.

**Signed & Dated:**

\_\_\_\_\_  
Program Director,

\_\_\_\_\_  
Date

Appendix E: Evaluation Flow Chart

